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PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the on Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. 09/831,279-Conf. #4240 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL June 7, 2001 Filing Date Ritva LAIJOKI-PUSKA First Named Inventor **For FY 2005 Examiner Name** S. M. Varner 3635 Applicant claims small entity status. See 37 CFR 1.27 Art Unit Attorney Docket No. TOTAL AMOUNT OF PAYMENT 510.00 1390-0124P (\$) METHOD OF PAYMENT (check all that apply) Х Check Credit Card Money Order None Other (please identify): Deposit Account Number: 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 Utility 300 150 500 250 100 200 100 100 50 130 65 Design Plant 200 100 300 150 160 80 300 500 150 250 600 300 Reissue Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Fee Paid (\$) **Multiple Dependent Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Fee (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$510.00 Other (e.g., late filing surcharge): 1253 Extension for response within third month

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SUBMITTED BY						
Signature	Alth I Jan	#41,458	Registration No. (Attorney/Agent)	32,334	Telephone	(703) 205-8000
Name (Print/Type)	Joe McKinney Muncy	,			Date	June 3, 2005

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PTO/SB/22 (12-04)
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tion Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number **Docket Number (Optional)** PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 1390-0124P (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Filed **Application Number** 09/831,279-Conf. #4240 June 7, 2001 SPACE STRUCTURE AND A METHOD FOR PRESENTING THEREIN ESPECIALLY THE COLD For **SEASON Art Unit** 3635 Examiner S. M. Varner This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): <u>Fee</u> Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 \$ Two months (37 CFR 1.17(a)(2)) \$450 \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 510.00 Four months (37 CFR 1.17(a)(4)) \$795 \$ \$1590 Five months (37 CFR 1.17(a)(5)) \$1080 \$ \$2160 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 32,334 June 3, 2005 Date Joe McKinney Muncy (703) 205-8000 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of forms are submitted.

06/06/2005 HALI11 00000087 09831279

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